

**DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS  
BUILDING AND LAND REGULATION ADMINISTRATION**

Permit Service Center  
Zoning Administration  
941 North Capitol Street, N.E., Suite 2100  
Washington, D.C. 20002  
(202) 442-4470 Fax (202) 442-4862

**PRE-OCCUPANCY DATA SHEET**

|   |                            |                     |                                      |                            |
|---|----------------------------|---------------------|--------------------------------------|----------------------------|
| <b>1. ADDRESS OF PROPOSED WORK</b>  |                            | <b>2. LOT</b>       | <b>3. SQUARE</b>                     | <b>4. APPLICATION DATE</b> |
| <b>5. OWNER OF BUILDING OR BUSINESS</b>   | <b>6. ADDRESS OF OWNER</b> |                     | <b>7. PHONE</b><br>WORK:<br>OFFICE:  |                            |
| <b>8. AGENT FOR OWNER</b>   | <b>9. ADDRESS OF AGENT</b> |                     | <b>10. PHONE</b><br>WORK:<br>OFFICE: |                            |
| <b>11. EXISTING USE OF PREMISES</b>   |                            |                     | <b>12. USE DISTRICT</b>              |                            |
|   |                            |                     | <b>13. BZA NUMBER</b>                |                            |
| <b>14. PROPOSED USE(S) OF PREMISES WHICH REQUIRES A CERTIFICATE OF OCCUPANCY:</b>               |                            |                     |                                      |                            |
| <u>USE</u>  | <u>OCCUPANCY LOAD</u>      | <u>FLOOR</u>        | <u>SQ. FEET</u>                      | <u>APPROVAL DATE</u>       |
| A. _____  | _____                      | _____               | _____                                | _____                      |
| B. _____  | _____                      | _____               | _____                                | _____                      |
| C. _____  | _____                      | _____               | _____                                | _____                      |
| D. _____  | _____                      | _____               | _____                                | _____                      |
| E. _____  | _____                      | _____               | _____                                | _____                      |
| F. _____  | _____                      | _____               | _____                                | _____                      |
| <b>15. <input type="checkbox"/> BUILDING PLANS      <input type="checkbox"/> TENANT LAY OUT</b> |                            |                     |                                      |                            |
| <input type="checkbox"/> ZONING INSPECTION REQUIRED   |                            | <b>16. COMMENTS</b> |                                      |                            |
| <b>17. EXAMINERS SIGNATURE</b>  |                            |                     | <b>DATE</b>                          |                            |